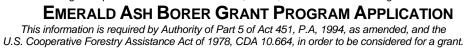


Michigan Department of Natural Resources, Forest, Mineral and Fire Management





Applicant Name (county, city, township, village etc.)	Applicant's Contact Person (individual contact name)		
Address	E-mail		
City, State, ZIP	County		
Telephone	Participant in State of Michigan's municipal ash tree removal contract program? Yes No		
PROJECT BUDGET	Federal Employer Identification Number (FEIN):		
GRANT AMOUNT REQUESTED (FEDERAL) (no more than 50% of total project cost) \$	(This 9 Digit Number Must Be Provided)		
MATCH AMOUNT (NON-FEDERAL) (must be at least 50% of total project cost) \$	Estimated project starting date		
TOTAL PROJECT COST:	Estimated projected completion date: (must be completed by 08/31/2007)		
PROJECT CATEGORY (Please check one)-Maximum award \$20,	000		
☐ Tree Planting	TYPE OF APPLICANT (Please check one):		
☐ Urban & Community Forestry Planning	☐Local Unit of Government		
Type of Planning Project (Please check one): ☐ UCF Management Plan	☐ Non-profit organization/ Educational/Tribal Institution☐ Other (specify)		
☐ Tree Inventory or EAB Preparedness/Response Plan			
B. Purpose of project:			
C. Project goals/objectives:			
E. WHAT ARE THE SHORT- AND LONG-TERM BENEFITS TO THE COMMUNITY?			
F. WHO WILL BE INVOLVED WITH AND RESPONSIBLE FOR THE PROJECT	?		
G. HOW WILL THE PROJECT BE EVALUATED?			

			funds (cash, value of in-kind contributions ed to the tree planting project.	
, ,	•	•	urring on or after 10/01/06 and approved	
• •	ontrol activities that are no	•		
be valued as: adults	s at \$16.50/hour, youths up	to age 16 at \$8.25/hour. Pr	services. Volunteer labor/services should ofessional or technical services contributed rates that are reasonable and customary.	
Project title:				
Expenses	TOTAL PROJECT CO REQUESTED GRANT FUNDS (FEDERAL)	MATCH (MUNICIPAL SHARE- NON-FEDERAL)	BUDGET DETAIL	
Personnel/Fringes				
Trees				
Misc. supplies				
Volunteer Valuation				
Contracted				
Equipment				
Other				
TOTAL				
Requested Grant Funds for Tree Planting shall apply to the purchase of trees <u>only</u> . ACCEPTABLE SOURCES OF MATCH INCLUDE: Tree Maintenance (Year One only) Program Administration (up to 20% of requested grant funds) Tree Installation/Planting (in-house, volunteer labor or contract labor) In-kind Personnel/Equipment				
TREE PLANTING INFORMATION- Please answer the following questions and attach additional/separate pages as needed: A. NUMBER OF TREES TO BE PLANTED:				
B. Size: (I.E., CALIPER)				
C. TREE PLANTING STOCK	(SIZE: (i.e. balled & burlapped,	container, bare root)		
D. Tree species to be planted: (Applicants are strongly encouraged to use a diverse variety of tree species in their planting project.)				
E. LOCATION OF TREE PLANTING PROJECT AND TREE PLANTING DIAGRAM (please check all that apply and attach site map and diagram):				
PRIVATE PROPERTY STREET RIGHT-OF-WAY PARK OTHER (please specify)				

A budget chart must be included (see sample budget in Grant Application Information IC-4028, page 3). <u>Budget detail</u> must specify total project costs, grant amount requested and source of matching funds. Grant amount request can be

BUDGET INFORMATION:

CALL MISS DIG AT (800) 482-7171 BEFORE BEGINNING ANY TREE PLANTING OR DIGGING PROJECT.

F. ARE OVERHEAD AND UNDERGROUND UTILITIES TAKEN INTO CONSIDERATION WHEN TREE PLANTING?

YES

□No

FREE MAINTENANCE PLAN:	
All planting projects must include a three (3) year maintenance plan. control/management, insect and disease monitoring and other routin 4108-1) may be used as a guideline. Please visit http://www.michigal.copy of this guide. Also, please indicate who will be responsible for the	ne and corrective actions. The <u>Tree Maintenance Guidelines</u> (IC n.gov/dnr (Urban and Community Forestry section) to download a
dentify the legal authority, responsible department, board, committee or his project.	commission charged with the carrying out and administration of
Non-profit organizations: Copy of IRS determination indicating	g non-profit status enclosed?
	on of landowner/municipality where planting project will occur?
Are you currently debarred or suspended for participation in Federal A	e attach) NO Assistance programs? Yes No
See Application Information - IC 4028).	
I hereby agree, as Designated Representative and Authorized Si according to the Application and to abide by the provisions of the E applicable federal and state laws and regulations.	ignature of above-named Applicant, to implement this project imerald Ash Borer Grant Program, including compliance with all
Applicant Signature	Date
APPLICATIONS MUST BE RECEI	IVED BY JANUARY 17, 2007
PLEASE DO NOT ENCLOSE MATER	IALS IN FOLDERS OR BINDERS.
Return completed original Applia	ication & two signed copies to: Street Address:
EMERALD ASH BORER GRANT PROGRAM FOREST, MINERAL AND FIRE MANAGEMENT MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30452 LANSING MI 48909-7952	EMERALD ASH BORER GRANT PROGRAM FOREST, MINERAL AND FIRE MANAGEMENT MICHIGAN DEPARTMENT OF NATURAL RESOURCES 530 W ALLEGAN STREET LANSING MI 48933